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This form is available on-line at
www.nicholastravel.com

Personal Travel Profile

Name (as it appears on driver ' s license): _____
Company: _____ Department: _____ Title: _____
Secretary: _____ Main Phone Number: _____
Office Fax: _____ Cell Phone: _____ Pager: _____
Office Address: _____
Home Address: _____
Home Phone: _____ E-Mail: _____

AIRLINE INFORMATION

Airline Frequent Flyer Numbers (In order for numbers to transfer correctly, all programs should be under the name on your driver's license eg: John Smith or John Q. Smith, but not both)

American: _____ Continental: _____ Delta: _____
Northwest: _____ Southwest: _____ United: _____
USAir: _____ Other: _____ Other: _____
Other: _____ Other: _____ Other: _____

EVERY EFFORT IS MADE TO GET YOU THE SEAT YOU PREFER, HOWEVER DUE TO AIRLINE RULES THIS IS NOT ALWAYS POSSIBLE. PLEASE SEE ITINERARIES FOR INFORMATION.

Seating Preference: aisle _____ window _____ International flights: Nonsmoking _____ Smoking _____
Circle if you prefer: Exit Row if possible: YES Bulkhead Row if possible: YES
Will you fly non-jet commuter planes? Yes No Yes, but please avoid if possible
Special Meal required eg: diabetic, vegan:: NO _____ YES: Which type _____

CAR INFORMATION

Please circle your preferences:

Type of car requested: Compact Intermediate Full Premium Luxury
Car phone needed: YES NO / Smoking Or Non-smoking / 2 Door 4 Door
Car company ID numbers: Alamo: _____ Avis: _____ Budget: _____
Dollar: _____ Hertz: _____ National: _____ Thrifty: _____

HOTEL INFORMATION

Please circle your preferences:

Smoking Non-smoking / Modem Port needed: Y N / Hotel should have Restaurant: Y N

Type of Property most often required: Deluxe Superior First Class First Class Superior Tourist

Class Must meet government per diem: YES NO

Credit card number to guarantee or provide a deposit when needed:_____

Hotel Awards Program Numbers:

Hotel Chain

ID Number

Credit Card Information

This information for charging tickets, guaranteed car and hotel reservations:

If you are providing more than one number, please list in order of preference and indicate if it is business or personal travel:

Name on Card Account Number

Expiration Date

Business or Personal

Your signature below authorizes Nicholas Travel to charge your travel purchases:

_____ Date:_____

Personal Information

Passport Number:_____ Expiration Date:_____

In case of emergency notify:_____ Relationship:_____

Emergency Phone:_____

Your pet peeve regarding travel arrangements is:_____

What you like most from your travel management staff:_____
